



Clean Vessel Act Program
NH Dept. of Environmental Services
29 Hazen Drive, PO Box 95
Concord, NH 03302-0095
Phone: (603) 271-0698
Fax: (603) 271-7894
<http://www.des.nh.gov/wmb/cva>



Request for Funds

Repairs for Pumpout or Dump Stations

Name of Marina: _____

Contact Person: _____

Physical Address: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

1. Please locate your marina on a USGS topographic or other suitable map and attach to this application.
2. Please describe the necessary repairs to the system.
3. Please estimate the total costs for repairs (attach quotes for service). The grant requires a 25% match by the marina; please include this as well. Estimate conservatively; details may be worked out in the contract phase, if your request is funded.
4. Describe access constraints to your marina, if any. (Are there shoals, bridges, rocks, etc. that limit access to your marina from the surrounding area?)
5. What public facilities/services does the marina provide?

*The CVA grant program requires that the boating public be able to utilize any facility that is built with program money.

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6. About how many boats, based on the following size categories, does your marina service each year?
_____ Less than 16-feet _____ 16-25 feet _____ 26-40 feet _____ Greater than 40 feet
7. Provide information on the adequacy of the marina's sanitary facilities. If the marina is served by a septic system, is it sized adequately to handle additional boat wastes? If the marina is served by a town sewer line, how far is the line from the service dock, and will the town's waste water treatment facility accept the additional boat wastes? **Please provide documentation to support this.**
8. Fees charged for use of a pumpout/dump station funded with Clean Vessel Act funds must be \$5.00 or less. What fee, if any, will the marina charge boaters?

Your signature _____ Date _____

Thank you! We look forward to receiving your proposal.

If you have any questions, please contact Alicia Carlson at (603) 271-0698.
acarlson@des.state.nh.us

Please return this form to:
NHDES
ATTN: Alicia Carlson
PO Box 95
Concord, NH 03302-0095

Or, Fax to:
(603) 271-7894